

Evidence in Action Rounds: Collaborating with Nursing to Improve Care

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Abstract

Evidence in Action Rounds is a unit-based interactive forum that assists nurses in defining and discussing evidence-based practice and the evidence-based approach to answering questions using frameworks of the Iowa Model, the Johns Hopkins evidence scale and nursing sensitive indicators. Patient specific clinical questions are examined and any gaps or opportunities for improving patient care are addressed with the best evidence available. This combination of librarian and nursing expertise works to familiarize staff nurses with evidence-based resources and translate evidence into practice while minimizing time and resource investment of all involved.

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Introduction

As evidence based practice (EBP) has become more pervasive in nursing culture, librarians have enthusiastically collaborated with nursing students and faculty. Hospital librarians have also supported nursing by providing literature searches to support EBP projects, especially in relation to Magnet designation (1, 2). However, with the exception of Hendrix and Bushnell's report on supporting nursing staff development (3) and other articles promoting the potential usefulness of clinical librarians supporting clinical nursing (4, 5), there is a paucity of published information on the role of librarians supporting staff nurses in the translation of evidence into practice.

Many would agree that strides have been made since 2005 to address the various information literacy barriers identified by Pravicoff, Tanner and Pierce (6). Many nurses have a genuine hunger for information that will answer questions related to their scope of practice. A quick comparison of presentation titles from the Sigma Theta Tau Biennial meeting showed presentations with "EBP" or the word evidence in them more than doubled between 2005 and 2011, from about 3.6% to 8% (7). Despite clinical nursing warming to the ideas of EBP, challenges still exist to implement and sustain EBP within a culture that supports evidence based decision making. Melnyk and Fineout-Overholt's presentation at the 2011 Sigma Theta Tau meeting, "The Current State of Evidence-Based Practice in Nurses Across the United States," clearly demonstrates the need for assistance with consistent implementation, EBP mentors in the healthcare system, and continuing education on EBP (8). This environment provides ample opportunities for librarians to bring their expertise to the table and collaborate with clinical

nursing to further EBP initiatives. However, hospital libraries tend to be staffed with few librarians, many with only a solo librarian. Given this limitation of people resources, getting involved with time-intensive programs geared towards translation of evidence into practice can be overwhelming. And yet, collaborating with clinicians at a patient care level can be an important part in demonstrating value of librarian expertise and library resources.

If librarians and clinical nurses work together creatively, they can overcome some of the barriers both face in implementing and sustaining EBP. This article provides a detailed look at Evidence in Action (EIA) rounds, a clinical nursing EBP initiative at a large academic medical center, and the authors' own thoughts on best practices to consider for planning such an initiative. EIA Rounds is by design less time intensive than daily or even weekly rounding and provides opportunities for big impact with a small investment of time and people. The controlled nature of EIA rounds is one important quality allowing even solo librarians at community hospitals to consider for proactively supporting translation of evidence into practice.

While librarians may instinctively associate the term rounds with medical teams, nursing rounds are common and can take various forms in hospitals. Aitken, Burmeister, Clayton, Dalais, and Gardner (9) concisely summarize how clinical rounds have been described in the nursing literature and state rounds are a professional development activity that provides opportunities for staying current and competent, encouraging staff interaction and developing abilities to integrate evidence into clinical decision making. They note research that suggests nurses prefer human sources of information and advocate that successfully getting evidence into action should involve human interaction, making clinical rounds a promising venue. Segal and Mason (10) describe teaching rounds as developing "nursing staff knowledge and critical thinking about the health problems of the patients." Aitken et al.'s study showed improved interaction of nurses in an

intensive care unit in addition to many patient care changes taking place as a result of a yearlong nurse rounds initiative. Mason and Segal's work presents a how-to guide based on their own implementation and evaluation of nursing teaching rounds. These articles are but two demonstrating that nursing rounds in various forms are effective for helping nurses integrate evidence into practice.

Purpose and Framework for EIA Rounds

The purpose of EIA Rounds is to provide unit-based interactive forums to assist nurses in defining and discussing evidence based practice (EBP) and the evidence based approach to answering questions using common frameworks. EIA Rounds depends on three critical frameworks: the Iowa Model of EBP (11); the Johns Hopkins EBP Level of Evidence Scale (12), and a list of nursing sensitive indicators locally derived from National Database of Nursing Quality Indicators (NDNQI) in combination with other institution specific measures. The Iowa Model is the current model in place at the institution to support implementation of EBP system-wide. It was adopted in 2008 and is used in most presentations and educational sessions to describe how EBP is implemented. Following the identification of a question or problem, the Iowa Model recommends forming a team to examine if there is a research knowledge base that can answer or solve the question or problem, and if so, can it be applied and piloted in this situation. If no research base exists, the model suggests conducting research and/or basing decisions on existing knowledge and expert opinion surrounding the issue. These steps ultimately can lead to institutional practice changes.

The Johns Hopkins evidence scale is another tool that has been adopted institution-wide for appraising the strength and quality of evidence that exists surrounding a question or problem.

This scale is also presented at educational sessions and is valuable in helping nurses determine if they are willing to change their practices when considering the quality and strength of existing research. The Johns Hopkins evidence scale is used to identify the strength and quality of evidence supporting the organization's nursing standards of practice. The scale uses a two-pronged approach. The strength of evidence ranges to I to V, ranging from a randomized controlled trial or meta-analysis of randomized controlled trials (Level I) to expert opinion based on non-research evidence (Level V). The quality of research ranges from high to low quality/major flaws and represents various methodological issues found in research studies, summative reviews, organizational data and expert opinion.

The nursing sensitive indicators provide a framework for asking questions that are nursing-centric. Hospitals are already concerned about these very indicators, so it makes sense to prompt questions based on them. These indicators include concepts such as nosocomial and surgical site infections, patient falls and hospital acquired pressure ulcers.

Practical Steps in Implementation of EIA Rounds

Using the frameworks above, the process of EIA Rounds begins. The primary instigator of the rounds experience is the EBP nurse manager or director. This administrative nurse contacts a unit's nurse manager (NM) or clinical nurse specialist (CNS) (an advanced practice nurse) and asks if they are willing to participate. If so, she asks them to select a date and time for the first meeting. Typically, the second meeting occurs the following day, but has occurred as long as one week later. The unit is asked to select a patient that will likely remain an inpatient during both meetings and also presents with issues or problems that trigger questions. The selection of the patient is completely reliant on the NM/CNS's judgment.

Prior to the first meeting, the EBP nurse manager or director sends the NM/CNS information about the EIA Rounds process. This information details that this is a completely non-punitive process, lists the nursing sensitive indicators, and gives information about the overall purpose of the initiative.

At the first meeting (typically 1 hour in length), the EBP nurse manager/director, the librarian, and the unit NM and/or CNS meet on the unit to discuss the case. This usually involves the NM or CNS describing various issues the care team has encountered with the chosen patient and also a review of the chart as needed. Unit nurse managers have often expressed questions about whether literature exists to solve problems related to patients but have rarely had time or inclination to investigate it thoroughly. As the discussion progresses, the EBP nurse manager/director and the librarian note various questions related to nursing sensitive indicators. At the conclusion of the meeting, they leave with a list of topics to research before returning to the unit.

Between meetings, the EBP nurse manager/director and librarian search all relevant information sources to locate literature to support practice changes, answer questions, or solve problems, using the Johns Hopkins rating scale as a guide to high quality/high strength evidence as needed. The EBP nurse manager/director are intimately familiar with nursing policies in the health system and generally pull all relevant policies as they relate to the patient at hand. The librarian primarily searches relevant databases for information, including Medline, CINAHL and the Cochrane Library. Once appropriate evidence is selected, printouts are made to take to the unit. The time needed to research all the questions can vary from an hour to several hours, depending on the questions.

The second meeting (also about 1 hour in length) usually involves the EBP nurse manager/director, the librarian, the NM and/or CNS and any other members of the bedside nursing care team who can spare any amount of time to listen to the discussion. The purpose of the EIA rounds is reviewed quickly, reiterating the non-punitive nature of the process. Then appropriate evidence that was found during the search is presented to the care team. There is time for discussion and questions. During the last 10 minutes or so of the hour, the librarian demonstrates how to access internal and external resources so that staff nurses are aware of these resources and can use them in the future.

At this point, several things may occur. Many times, literature or policies are found that directly address the questions at hand. They are often used to support what the care team is already doing. They may be used to support a discussion about care with an attending physician or even with the patient himself. Sometimes, the evidence is used to support a change in practice requiring revisions or creation of policy. If a new or changed policy is needed, the EBP nurse manager/director has the authority to begin the process and see it through to completion. The librarian and EBP nurse manager/director leave contact information with the care team for any follow-up that may be needed.

Librarian's Role and Perspective

Most of the librarian's role is described in the previous section. To summarize, the librarian's role is to

- Collaborate with scheduling of meetings.
- Attend the first meeting and develop a list of questions that need researched in the literature using nursing sensitive indicators as a guide.

- Search and retrieve relevant literature to answer the questions produced from the first meeting in collaboration with the EBP nurse manager/director.
- Attend second meeting and present findings in print.
- Demonstrate how to access external and internal resources to staff nurses.
- Provide contact information for any needed follow-up.

In general, the roles listed are not all that unique to nursing or medicine clinical rounds or morning report experiences. What has made the experience unique for the librarian is the in-depth look at a patient specifically from the nursing care perspective. Depending on the types of nursing educational programs at an institution, a librarian may or may not have the opportunity to dive deeply into specific cases from the nursing angle. Individual consultations can get to this level, but these are often isolated from the entirety of the care team. This level of depth provides the librarian a unique window into the culture and working environment of the staff nurse, which can only enrich the librarian's future interactions with all nurses.

Additionally, the collaboration between the librarian and the EBP nurse manager/director has solidified their continuing partnership to further the implementation of EBP at the institution. Various initiatives exist, including continuing education courses and fellowship programs. The combination of multiple approaches allows for a few people to have a greater impact across a large institution.

Staff nurses never have enough time to accomplish everything they would like to while at work. EIA Rounds is one way to help address new or lingering questions. It is also a way to provide awareness of the multitude of people and informational resources to which nurses have access. While it may be easy to say everything they need is on their intranet site and computer

terminals are abundant, many nurses still do not know how to get to important resources that could help them solve problems. EIA Rounds is one way to address this awareness issue.

Best Practices for Working with Nursing to Aid in EBP Implementation

Know who to talk to. Getting started in collaborating with staff nurse EBP ventures will undoubtedly require a librarian to talk to nurse leaders on some level. While governance of nursing in hospitals vary, becoming familiar with your institution's nursing hierarchy or nursing structure can help you identify the best nurse leaders to engage in meaningful collaborations. Some hospitals, like the authors', use a shared governance model that utilizes various nursing councils to deal with issues specific to nursing practice. If this is the case, councils that are focused on clinical practice, research or inpatient care may be the best councils to approach regarding librarian integration into EBP efforts for staff nurses. Bear in mind that nurse leaders at smaller community hospitals often play multiple roles, while academic medical centers may have nurse leaders in more specialized roles. Like nearly everything else in the hospital library world, adapting to your local situation is important.

Connect to institutional initiatives. Aligning efforts with institutional goals is critical to the success of nearly any library initiative. When dealing with nursing EBP specifically, important institutional goals that are of nearly universal importance to hospitals include patient safety and quality. Librarians have been talking about connecting their work with patient safety for several years. If just getting started, investigate the basic literature behind patient safety to educate yourself and gain context for your involvement. The NDNQI nursing sensitive indicators are often the language that nurse leadership speaks and are commonly used for the development of

policies and standards in hospitals; therefore, being familiar with these indicators is important.

More information about nursing sensitive indicators is available online at

<https://www.nursingquality.org/>.

In contrast, institutional initiatives such as converting to electronic medical record (EMR) systems can sometimes halt the progress of EBP projects. The irony is that many believe the EMR to be one tool that can be used to further EBP. However, when hospitals need to devote many resources into getting the system ready for launch as well as training staff to use it properly, momentum for other projects can be lost. Stay in touch with the organization's overall goals with the implementation and learn what you can. Knowing how the EMR works and functions for clinicians can help plan future changes that will boost overall EBP efforts.

Recognize what nurse leaders need from librarians. As highlighted by Schwartz and Iobst (2), librarians have the opportunity to support the evidence based practice and research endeavors of nurses by serving as consultants, content providers, educators and researchers. Aligning the role of the librarian with the needs and priorities of the institution or a clinical area can be promoted by conducting a formal or informal needs assessment of the nurse leaders and the nurses they lead. To promote the development of their clinical inquiry and information literacy skills and those of their nursing staff, nurse leaders need librarians who are responsive to their calls for assistance, who are eager to collaborate, who are expert navigators of the maze of digital resources, and who are talented teachers on how to ask and answer clinical questions.

Proactively converse with nurse leaders. Librarian involvement in the EIA Rounds effort at the authors' institution came about through a phone conversation contemplating a good way for the

librarian to reach out to staff nurses on the floors while the library was undergoing significant construction. While no one is advocating nagging nurse leaders, sharing ideas and issues with them when the opportunity arises is important. Developing ongoing collaborative relationships with the right nurse leaders are keys to successfully integrating the roles of librarians and maximizing the value of their contributions to nursing EBP initiatives.

Recognize limitations of time of all involved. Time and workload can be viewed as a barrier to both librarians and nurses and are problems that are not going away any time soon. However, librarians and nurse leaders can think creatively to overcome the limitations of lack of time and heavy workload resulting in big impact for those who need it the most. EIA Rounds was one initiative that worked to decrease overall time commitment from all involved while working to improve patient care and accomplished the task of getting evidence into practice. Be open and honest about what you can give to the project and follow through with the commitment. These basic concepts of communication and follow-up form the basis of a long term positive relationship that can pay dividends in the future.

Recognize the importance of creating a culture of inquiry. Melnyk and Fineout-Overholt (2011) note that the first step of EBP is cultivating a “spirit of inquiry.” This involves building an organizational culture where staff are comfortable with asking questions about the way things are being done. They note key elements of a culture of EBP are not only being able to question practice but also having an organization that incorporates EBP into their philosophy and mission and provides infrastructure and administrative support to sustain EBP. The authors’ institution has made great strides in this arena, creating specific nurse leader positions that are focused on

EBP, gaining Magnet designation, providing continuing education in EBP for staff nurses, providing access to important literature resources, and having an institution-wide committee focused on the creation of evidence-based clinical guidelines. Even in hospitals where designated staff are not available, helping staff embrace uncertainty is important. Given many factors such as pay for performance and healthcare reform, embracing uncertainty and asking questions may be easier than ever.

Conclusion

While rounds conjures up images of medical teams at the doors of patient rooms, nurses often do rounding in various forms and can use rounding as a way to integrate research evidence into the care of patients. EIA Rounds is a novel approach to collaborating with staff nurses in hospital settings allowing librarians and nurses to team up, share their expertise, and help staff nurses translate evidence into practice. It provides a creative way to deal with the barriers of time and workload and potentially impact the care of many patients.

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